4 Year Old AHCCCS EPSDT Tracking Form

Date: Last Name: First Name: AHCCCS ID#: Age:

Primary Care Provider Name and Office Phone Number: Contractor: DOB:

Accompanied by: Allergies:

Weight: Percentile: Height: Percentile: BMI: Percentile:

HISTORY:

Parental Comments/Concerns:

Vision Chart Exam	**Temp:**
OD	**Pulse:**
OS	**Resp:**
OU	**BP**
Corrected / uncorrected	**BP elevated?**

Dental Screen: Date of last exam: Next appt: Routine Urgent Parent advised

Brushing child's teeth? Yes No

Nutritional Screen: Adequate Inadequate Supplements:

Hearing Screen: Within normal limits (Audiometry, OAE): Yes No **Speech:** Within normal limits? Yes No

Developmental Screen: Age Appropriate? (e.g., sings a song, draws person with 3 parts, gives first/last name) Yes No

If suspicious, specific objective testing performed

Behavioral Screen: Age appropriate? (Pediatric Symptom Checklist, parental interview, observation) Yes No

PHYSICAL EXAM

Are the following normal?	**Yes**	**No**	**Describe abnormal findings:**
1. Skin/Hair/Nails			
2. Ear/Hearing			
3. Eyes/Vision			
4. Mouth/Throat/Teeth			
5. Nose/Head/Neck			
6. Heart			
7. Lungs			
8. Abdomen			
9. Genitourinary			
10. Extremities			
11. Spine (scoliosis)			
12. Neurological			

LABS ORDERED:

Tuberculin Test

Yes No

(perform if at risk)

SCREENINGS:

Verbal Lead Risk Assessment

Blood Lead Test

Yes No

(perform at 36-72 mo of age)

ADDITIONAL LABS ORDERED:

Hgb/Hct Yes No

Urinalysis Yes No

Other:

ASSESSMENT & PLAN:

IMMUNIZATIONS: **Pt. needs immunizations?** **Yes** **No** **Given today?** **Delayed?** **Deferred?**

Hep B **DTaP** **IPV** **MMR** **Varicella** **Hep A** **Influenza** **Other**

ANTICIPATORY GUIDANCE

- Drowning prevention
- Sun safety
- Car seat
- Sport helmet use
- Nutrition/exercise
- Dental caries prevention
- Toilet training
- Passive smoke
- Reading/preschool
- "Safe at Home?"
- Social interaction
- Family involvement
- Next appt.?

REFERRALS:

Behavioral **Dental** **Nutritional** **Speech** **DDD** **ALTCS** **CRS**

WIC **Specialty** **Developmental** **Other**

Yes No

Clinician Name (print): Clinician Signature: See Additional/Supervisory Note?

Revised January 1, 2004